

KENWOOD PSYCHOLOGICAL SERVICES

Confidential Patient Information

NAME Donna Scott Today's Date 7/25/01ADDRESS 4920 Bordeaux Rd. D.O.B. 8/21/47Mason, Ohio 45040 S.S.# 296-42-1847HOME PHONE: 298-6306 WORK: N/A
PHONEMARITAL STATUS: married EDUCATION: HSNAMES and AGES of CHILDREN: Michelle 32 Jason 24Joshua 22EMPLOYER: Was Union Central LifeREFERRAL SOURCE: Dr. ScheidterINSURANCE: United Health Care 213749 268-40-6583
(Company) (Group #) (I.D.#)Donna Scott
(Cardholder's Name) (Insurance Address)877-355-7272 \$10.00
(Insurance Phone # for Providers) (Required Co/Pay? If so, amount?)Is precertification required? _____ If so, has it been obtained? _____
(Yes / No) (Yes / No)

In case of emergency, is there someone you would wish me to contact? Listing the name, along with your signature on the next page) conveys permission for me to do so:

Don Scott Same
(Name) (Address)Same 513) 298-6306
(Home Phone) (Work Phone)

Multiaxial Evaluation

Axis I: Clinical Disorders

DSM-IV Name

Maj Dep. Episode

Diagnostic Code

Axis II: Personality Disorders
Mental Retardation

DSM-IV Name

NO Diagnosis for Pers. Disorder

Diagnostic Code

Axis III: General Medical Conditions

ICD-9-CM Code

Depression Anxiety
Sleep probs -
Stomach probs -

ICD-9-CM Name

Axis IV: Psychosocial and Environmental Problems

Check:

- ☐ Problems with primary support group Specify: None
☒ Problems related to the social environment Specify: Isolated - all social was work rel.
☐ Educational problems Specify:
☐ Occupational problems Specify:
☐ Housing problems Specify:
☒ Economic problems Specify: Loss of job + benefits - major concern -
☒ Problems with access to health care systems Specify:
☒ Problems involving the legal system / crime Specify: ~~some fighting with police~~
☐ Other psychosocial and environmental problems Specify:

Axis V: Global Assessment of Functioning (GAF) Scale

100-91	90-81	80-71	70-61	60-51	50-41	40-31	30-21	20-11	10-1	0
Superior	Absent or Minimal Symptoms	Transient and Expectable Reactions	Mild Symptoms	Moderate Symptoms	Serious Symptoms	Some Impairment	Delusions or Hallucinations	Some Danger	Persistent Danger	Inadequate Information

GAF Score: 50Estimate of Patient Information: Reliable ☒ Questionable ☐ Unreliable ☐Motivation for Treatment: High ☐ Reasonable ☐ Poor ☒Prognosis: Excellent ☐ Good ☐ Fair ☒ Guarded ☐ Poor ☐ *when she starts treatment*

The information contained in this report has been based on my personal evaluation.

[Signature]
Signature

[Signature]
Specialty

35-11

35.

Wound no-1

Oct. 1. 02

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]

The monks have been doing better until after meeting @ atty → this was a real downer -
Have to focus on pos. of life right now -

Started reading + using the relaxation Tapes -

They are keeping
Keeping a journal. -

I will do somewhat better + then another

- Completely off Celex → only effexor and Trazodone -
- need to get a lot of exercise -
- use tapes =

= No further anxiety attacks =

= The dream sequences are disturbing =
(need to look at how it related to this
major prob -

= Will see in 2 weeks -